

**OFFICE OF THE ATTORNEY GENERAL
CONSUMER PROTECTION AND ANTITRUST BUREAU
33 CAPITOL STREET
CONCORD, NEW HAMPSHIRE 03301
Tel.: (603) 271-3641
Fax: (603) 223-6202
Toll Free: (888) 468-4454**

Thank you for contacting the Consumer Protection and Antitrust Bureau (“the Bureau”). Attached is a copy of the Bureau’s Consumer Complaint Form. The Bureau requires that all complaints be submitted in writing, in order to be fully and formally evaluated.

Please complete the Complaint Form and attach to it photocopies of all documentation which supports your claim. Please save this first page for your records.

Your complaint will be read and reviewed in the order it was received. A paralegal and an attorney will review your complaint, and you will be notified in writing regarding any assistance we may be able to offer you.

A file number will be assigned to your case. Ordinarily, we review and assign a file number to a complaint within three weeks of receiving it. However, this timetable may vary according to the volume of complaints being processed at any given time. Your patience is appreciated, as the Bureau receives over 3,000 complaints or inquiries and approximately 26,000 phone calls per year.

Possible actions by the Bureau may include referral to the Bureau’s voluntary mediation program or referral to another state agency better able to address the subject of your complaint. If we determine that your complaint is not within the Bureau’s jurisdiction or is otherwise beyond our ability to assist you, we may recommend that you contact a private attorney or pursue an action in small claims court.

If your case is referred to mediation, please understand that the program is entirely voluntary. Mediation is the act or process of a neutral, unbiased third party intervening between conflicting parties to promote reconciliation, settlement or compromise. Neither businesses nor consumers are required to participate in mediation or to accept any resolution arrived at by mediation. However, we have found that mediation is often an effective and satisfactory method of resolving consumer complaints.

Please put any follow-up correspondence or inquiries in writing and reference your assigned file number.

Thank you for the opportunity to assist you. Your concerns are important to the Bureau.

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COMPLAINT CODE

COMPLAINT NO.

CONSUMER COMPLAINT FORM

Please type or print neatly. Answer all questions as completely as possible. Attach copies of all relevant documents to your complaint.

Consumer Information

Name: _____

Mailing Address: _____

Home Telephone: _____ Work Telephone: _____

Complaint Against:

Name: _____

Address: _____

Telephone: _____

Internet Web Address: _____

General Information

1) Have you complained to the business? Yes ____ No ____

Please enclose a copy of the complaint and the reply from the business, if applicable.

2) Product or service you purchased: _____

3) Date of purchase: _____ Amount Paid: _____

4) Did you sign a contract? Yes ____ No ____

5) Did you receive a warranty? Yes ____ No ____

6) Did you buy an extended warranty or service plan? Yes ____ No ____

7) How did you pay? Cash ____ Check ____ Credit Card ____ Debit Card ____ Loan ____

8) Was the product or service advertised? Yes ____ No ____

Radio ____ TV ____ Internet ____ Mail ____ Other _____

9) Have you hired a lawyer? Yes _____ No _____

If yes, please provide lawyer's name and address:

10) Have you contacted any other agency? Yes _____ No _____

If yes, please provide agency's name and address:

11) May we contact the business? Yes _____ No _____

Please Note: If you answer no, the Bureau will not mediate your complaint. If you answer yes and we contact the business, your name will be disclosed.

Please provide a brief explanation of your complaint. Include the problems you are experiencing and what you think is a fair resolution. Attach additional pages, if necessary. We will contact you, if more information is needed.

Please read before signing below. In filing this complaint, I understand that the Attorney General is not my private attorney, but represents the public in enforcing laws designed to protect the public from misleading or unlawful business practices. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the business or person the complaint is directed against, or to other governmental or law enforcement agencies, or public interest consumer advocates, including the Legal Advice and Referral Center, New Hampshire Legal Assistance, Franklin Pierce Law Center Legal Practice Clinic, Better Business Bureau and the Pro Bono and Lawyers Referral Programs of the New Hampshire Bar Association.

The above complaint is true and accurate to the best of my knowledge.

Date:_____

Signature: _____